PRELIMINARY INFORMATION EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Name: V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. If yes, complete and attach Schedule III. income of more than \$200 in the reporting period or hold any **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT** UNITED STATES HOUSE OF REPRESENTATIVES **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. If yes, complete and attach Schedule IV. reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. reporting period? lieu of paying you for a speech, appearance, or article in the II. Did any individual or organization make a donation to charity in III. Did you, your spouse, or a dependent child receive "unearned" Report Type Status Filer Stephanie Herseth Sandlin House of Representatives Member of the U.S. Annual (May 15) - ANSWER EACH OF THESE QUESTIONS State: Sowh Dakota District: At Lurge Amendment Yes X Yes X Yes Yes Daytime Telephone: (202) 175-1801 ö 8 증 <mark>ک</mark> ö Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII period (worth more than \$335 from one source)? reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any If yes, complete and attach Schedule VII If yes, complete and attach Schedule VI. than \$335 and not otherwise exempt) VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more VIII. Did you hold any reportable positions on or before the date For use by Members, officers, and employees appropriate schedule attached for each "Yes" response. **Employing Office** Each question in this part must be answered and the Termination Form A Termination Date: against anyone who files more than A \$200 penalty shall be assessed 30 days late. LEGISLATIVE RESOURCE CENTER 2003 WAY 15 PH 4: 46 HAND DELIVERED (Office Use Only) Ύes Yes Yes X Yes Yes Yes N_O No × X S O **Z** Ş

Name Stephenic Herseth Sandlin Page 1 of 7

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

The transfer of the property o		
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
- ;	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Flaishman Hillard Government Relations	Some salary	NA A
Mercury Public Affairs, Ltc	Spork salary	N.A

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package.

Source Activity Date Amount Examples National Associations Washington DC Speech Activity Date Amount For cst Resources Association Speech Speech Apr. 12, 2008 \$1,000 For cst Resources Association Speech	g	· ····································		
Association of American Associations, Westington DC Article Article Apr. 22, 2008 Apr. 22, 2008 Apr. 22, 2008	Source	Activity	Date	Amount
Avigues Association Speech Apr. 22, 2208 Apr. 22, 2208		Speech	Feb. 2, 2008	\$2,000
Speech Apr. 22, 2008		Article	Aug. 13, 2008	\$500
	Forest Resources Association	Speech	Apr. 22 2008	\$1,000
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SP Texas County & District Retirement	Wright Padmun Cong's Fou	Pederal Thorft Surings Plan	Federal Thrift Savings Plan	532 Southwew Dr. Brookings, SD 57006	Livestock	ist Bank of Paducah, KY Accounts		SP Mega Corp. Stock	provice the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling: any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	
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			<u> </u>	 -		┡	hde		\$1 - \$1,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
 	_			-	×	╀	Indefinite	_	\$1,001 - \$15,000 ° · · · · · · · · · · · · · · · · ·	e v g of spe spe sset nd ted
	×		×			╂	Ф	$\overline{\times}$	\$10,001 - \$00,000	Value value year. other to becify the secify the secific the secience the se
×		×	╁──	×		×			φ30,001 - φ100,000	BLOCK B Value of Asset alue of asset a rear. If you use a her than fair ma cify the method u was sold during the is included only income, the value
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						1			INTEREST	BLOCK C Type of Inc II columns the columns or accommodal columns or accommodal columns or accommodal columns. You may we assets included assets included the type of incommodal columns and interessing and interessing in asset to accommodal columns.
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NA-persian		ZA	NA A		Farm Income		Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
				×	×				None ~	P C S D S I TO S O S O S O S O S O S O S O S O S O
						Ĺ			\$1 – \$200 ==	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IHAs, indicate the category of income box checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
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	×	<u> </u>	<u> </u>			┖		×	\$1,001 - \$2,500	Amount of Income ament plans or accounts you to choose specific you may write "NA" for ither assets, including a the category of incours the appropriate box ds and interest, even should be listed as it lone" if no income was ated.
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							1	S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephanic Herseth Sandlin

Page 4

	500 Miller Dr., Marshall, TX	Blackrock Pacific Frund	Black-Birt Global Emeraina Mariati	Blackrock burghund	Black 10 ck Global Mutual Five	Blackrock Global Value Fund	Blackrock Global Smallcap	Blackrock Global Opportunities	MLBank	New Alternatives Fund	Verasum	Dektronice	Ford Motor Co.		BLOCK A Asset and/or Income Source
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SCHEDULE IV— TRANSACTIONS

Name Stephanic Hersely Sandin Page 5 of 7

									SP Blackrock Global Allocation	SP Blackrock Global Growth Fund	SP Blackrock Global Opportunities	SP 500 Miller Dr., Marshall, Texas	SP, DC, JT SP Example: Mega Coporation Common Stock (partial sale)	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,
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						 								EXCHANGE		Type of Transaction
									12-04-08	12-04-08	12-04-08	Ole-23-08	10-12-08	Or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
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SCHEDULE V— LIABILITIES

Name Stephanic Herseth Sandlin

Page LQ of 子

cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

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Citibank	W.S. Do	Example:		_	
ink	U.S. Dept of Education	First Bank of Wilmington, Delaware	Creditor		
revoluting charge account	consolidated student loans	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
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×			\$15,001- \$50,000	C	
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			Over \$50,000,000	ᄌ	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source Example: Mr. Joseph H. Smith, Anytown, Anystate	Description Silver Platter (determination on personal friendship received from Committee on Standards)	Value \$345
USD Law School 2008 Graduation Class	USD Law School 2008 Graduation Class Commemorative Hem Framed Photo, South Dakota Sands	\$ 400

SCHEDULE VIII—POSITIONS

Name Stephanic Herseth Sandlin

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position Name of Organization	_	1		-	_	/ -	_
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						Name of Organization	To local y laws of

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

			1986-1996	Date
		Ü.	1986-1996 Toxas County and District Retirement System	Parties To
			Interest in Retirement Plan	Terms of Agreement